Bureau of Health Care Quality & Compliance

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	NVN556S	A. BUILDING _____ B. WING _____	06/26/2009

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
HEARTHSTONE OF NORTHERN NEVADA	1950 BARING BLVD SPARKS, NV 89434

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
Z 000	Initial Comments This Statement of Deficiencies was generated as a result of a State licensure survey and complaint investigation conducted in your facility on June 22, 2009 through June 26, 2009, in accordance with Nevada Administrative Code, Chapter 449, Facilities for Skilled Nursing. The State licensure survey was conducted concurrently with the annual Medicare recertification survey. The census was 120 residents. The sample size was 24 residents which included three closed records. Complaint #NV00022350 was substantiated with deficiencies cited. See Tags Z 266, Z 310, and Z 401. An Immediate Jeopardy situation was identified on June 24, 2009 at 2:30 PM, at NAC 449.74493 Notification of Change (Z Tag 310). The Immediate Jeopardy was abated at 4:15 PM on June 24, 2009. The findings and conclusions of any investigation by the Health Division shall not be construed as prohibiting any criminal or civil investigations, actions or other claims for relief that may be available to any party under applicable federal, state or local laws.	Z 000		
Z266 SS=D	NAC 449.74477 Pressure Sores Based on the comprehensive assessment of a patient conducted pursuant to NAC 449.74433, a facility for skilled nursing shell ensure that a patient: 2. With pressure sore receives the services and treatment needed to promote healing, prevent infection and prevent new sores from developing.	Z266		

If deficiencies are cited, an approved plan of correction must be returned within 10 days after receipt of this statement of deficiencies.

TITLE (X6) DATE

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	NVN556S	A. BUILDING _____ B. WING _____	06/26/2009

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
HEARTHSTONE OF NORTHERN NEVADA	1950 BARING BLVD SPARKS, NV 89434

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
Z266	Continued From page 1 This Regulation is not met as evidenced by: Based on record review and interview, the facility failed to demonstrate that a resident with an unavoidable pressure sore received the necessary treatment and services or documented why services were not recommended for 1 of 24 residents (Resident #8). Findings include: Resident #8 was a 62 year old female who was admitted to the facility on 4/29/09, following an acute care hospitalization 3/19/09-4/28/09. Her admitting diagnoses included osteomyelitis, diabetes, chronic obstructive pulmonary disease. A discharge summary from the hospital dated 4/28/09, indicated Patient #8 had a non-healing polymicrobial wound on her left heel containing Methicillin resistant staph (MRSA), enterococcus, coagulase negative staph and diphtheriods. It was documented on 4/28/09, Patient #8 was on day 38 of intravenous antibiotic therapies that included Daptomycin, Vancomycin, and Ertapenem. This was to continue until 5/2/09. The hospital discharge summary also indicated surgical intervention of debridement of the left heel wound was not advised due to her respiratory status. The discharge summary also included a summary of Resident #8's medical history. A stroke in 2004 has left Resident #8 bedridden. She lived at home by herself, and home services provided some assistance. In January 2009, Resident #8 had been admitted to a hospital for a urinary tract infection. She also had a eschar covered wound on her left heel and had left heel pain there for several months. Resident #8 was admitted to the facility on	Z266		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	NVN556S	A. BUILDING _____ B. WING _____	06/26/2009

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
HEARTHSTONE OF NORTHERN NEVADA	1950 BARING BLVD SPARKS, NV 89434

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
Z266	Continued From page 2 4/29/09, with a percutaneously inserted central catheter (PICC) for the administration of the intravenous antibiotics and a wound vac to the left heel. She requested a do not resuscitate status. She had a stage two pressure ulcer to her coccyx. The order written on 4/29/09, was to clean the coccyx wound with wound cleaner, pat dry, apply no sting barrier and cover with optifoam every three days and as needed. The clinical record revealed that on 6/1/09, the pressure ulcer on the left heel was a stage three, and by the time of her discharge to an acute care facility, the pressure sore became a stage four. An interview with the Medical Director on 6/26/09, confirmed that he was Resident #8's primary physician. He related that on 5/19/09, Resident #8 requested not to be sent to the hospital. At that time, Resident #8's condition was deteriorating and a hospice referral had been requested but Resident #8 refused. A percutaneously inserted central catheter (PICC) line was discontinued after the completion of intravenous antibiotics and Resident #8 was on oral antibiotics but the osteomyelitis was not resolving. The Medical Director related that Resident #8 had pressure sores to the coccyx before, and due to the systemic infection, Resident #8's condition continued to deteriorate. He confirmed that Resident #8 would not have tolerated hyperbaric therapy and her chronic infection precluded re-insertion of the PICC line for intravenous fluids or total parental nutrition (TPN) because of the risk of septicemia. Resident #8 also refused a gastrostomy tube, but the surgical risk prohibited this option. He placed Resident #8 on comfort care, with her refusal for hospice, and with pain medication to keep her comfortable.	Z266		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	NVN556S	A. BUILDING _____ B. WING _____	06/26/2009

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
HEARTHSTONE OF NORTHERN NEVADA	1950 BARING BLVD SPARKS, NV 89434

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
Z266	Continued From page 3 A dietary assessment on 5/28/09 revealed the weight loss was unavoidable due to sarcopenia (a degenerative loss of skeletal muscle mass and strength), increased tumor necrosis factor, leukotriesis (inflammatory response of the body), chronic osteomyelitis, and not responding to treatment. The care plans, wound assessment sheets, and nurse's notes revealed Resident #8 refused meals and her wounds were deteriorating. The physician was aware and had written orders for full liquid diet and force fluids. Nurse's notes revealed the physician gave a verbal order for acetic acid and dry dressing to left heel, and the wound care to the coccyx was changed to packing the wound with "fluffs" to accommodate the increased dressing. Although the physician confirmed in interview that he gave verbal orders for the changes, there was no written order. In an interview with the wound care nurse (Employee #15), she informed the charge nurses of the decline of the coccyx and heel wounds status. Employee #15 also required assistance with the wound care and acknowledged the charge nurses were often the staff to provide this assistance. There was no evidence in the clinical record, care plans, or the change in condition reports, that interventions such as increasing fluids, pain control, and comfort measures were instituted or what the effect was. There was no consistent documentation of Resident #8's progressive decline. Severity 2 Scope 1	Z266		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	NVN556S	A. BUILDING _____ B. WING _____	06/26/2009

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
HEARTHSTONE OF NORTHERN NEVADA	1950 BARING BLVD SPARKS, NV 89434

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
Z310	Continued From page 4	Z310		
Z310 SS=J	NAC449.74493 Notification of Changes or Condition 1. A facility for skilled nursing shall immediately notify a patient, the patient's legal representative or an interested member of the patient's family, if known, and, if appropriate, the patient's physician, when: (a) The patient has been injured in an accident and may require treatment from a physician; (b) The patient's physical, mental or psychosocial health has deteriorated and resulted in medical complications or is threatening the patient's life; (c) There is a need to discontinue the current treatment of the patient because of adverse consequences caused by that treatment or to commence a new type of treatment; (d) The patient will be transferred or discharged from the facility; (e) The patient will be assigned to another room or assigned a new roommate; or (f) There is any change in federal or state law that affects the rights of the patient. This Regulation is not met as evidenced by: Based on record review, facility procedures, and interview, the facility failed to ensure that changes in condition were properly identified, staff and physicians were consistently informed of residents' changes in condition, and interventions were initiated and communicated for 3 of 24 residents (Residents #8, #9, #23) and failed to establish protocols to ensure consulting physicians were informed whether their recommendations of interventions for changes in condition were accepted or declined for 1 of 24 residents (Resident #5). Findings include: 1. Resident #5	Z310		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	NVN556S	A. BUILDING _____ B. WING _____	06/26/2009

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
HEARTHSTONE OF NORTHERN NEVADA	1950 BARING BLVD SPARKS, NV 89434

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
Z310	Continued From page 5 Resident #5 was admitted to the facility on 8/23/03. Her diagnoses included Alzheimer's Disease, chronic obstructive pulmonary disease, and a neoplasm of the lung. An Endocrinologist's note dated 12/12/08, revealed the physician declared that Resident #5's ultrasound disclosed a 2.5 cm right nodule of the thyroid. The physician further noted she tried for over two years to obtain thyroid functions for the resident, the correct labs were not drawn, and Resident #5 had a dangerously large nodule that could be cancer. In conclusion, the physician stated she could no longer follow the resident with "the total noncompliance by her caregivers." The resident had been seen by the facility's nurse practitioner the latter part of 2006 and based on the results of some basic thyroid tests, a referral was made to the specialist. An appointment was not obtained until 4/16/07. The specialist's progress note indicated thyroid functions, antibodies, thyroglobulin, basic metabolic panel and a thyroid ultrasound would be obtained. The specialist referenced the lab slips were sent back to the facility with the resident. The nurse's notes for the facility and a progress document confirmed the ultrasound was performed on 5/03/07. There was no evidence of laboratory studies ever being obtained. An additional laboratory test request form from the specialist was present in the record indicating the following tests needed to be drawn 5-7 days before an appointment scheduled for 6/20/08; basic metabolic panel, CBC, TSH, free T4 Hormone, T3 Hormone, thyroglobulin, antithyroglobulin and antibodies. There was no evidence that the laboratory tests were obtained	Z310		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	NVN556S	A. BUILDING _____ B. WING _____	06/26/2009

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
HEARTHSTONE OF NORTHERN NEVADA	1950 BARING BLVD SPARKS, NV 89434

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
Z310	Continued From page 6 by the facility. On the next appointment on 12/12/08 when the requested lab studies were again not available, the physician refused to follow the resident any longer. On 6/23/09 at 12:15 PM, an interview was conducted with the Director of Nurses (DON). When asked what she knew about the situation, the DON stated, "the charge nurse on the resident's unit had taken care of it and it was all cleared up." At 12:15 PM, an interview was conducted with Charge Nurse (Employee #18). She stated that she had taken care of the lab slips and everything was all right. When asked when she had taken care of it, she declared that she didn't remember the date. She was unable to produce any documentation that the requested labs had been drawn, that the resident's facility physician had been notified of the situation, or that any follow-up care had been sought for the resident's potentially dangerous medical condition. An interview was conducted with the transportation coordinator at 2:00 PM, who confirmed that Resident #5 had not been seen by the Endocrinologist since 12/12/08 when the transportation coordinator was told by the office staff that the specialist would not see the resident again. An immediate jeopardy was identified to the administrative staff on 6/24/09 at 2:30 PM. The administrative staff identified some immediate actions on 6/24/09, which included immediately drawing the previously mentioned laboratory tests and obtaining an appointment for the following	Z310		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	NVN556S	A. BUILDING _____ B. WING _____	06/26/2009

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
HEARTHSTONE OF NORTHERN NEVADA	1950 BARING BLVD SPARKS, NV 89434

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
Z310	Continued From page 7 week with another Endocrinologist. A written plan of action was developed and presented on 6/24/09. The plan included a more inclusive facility-wide policy. A 24 hour chart check was implemented in which the night shift was to review all new lab orders. All lab orders were to be placed on the 24 hour report board and also in the lab book. When the labs were drawn, they were to be initialed in the lab book and noted on the 24 hour board. They were to be kept on the 24 hour report and the lab book until the results were received and noted by the physician. All results of tests ordered by outside physicians were to be faxed to the individual offices and a fax transmittal along with a copy of the lab results would be sent with the resident on the day of the follow up visit. All lab orders, 24 hour report and the lab book will be reviewed at morning Stand Up Meeting by the Interdisciplinary Team. The Transportation Department was instructed that they were to copy any documentation from a resident's appointment and give it to the Administrator and give the original to the Charge Nurse. Staff were instructed at the next morning's Stand Up Meeting to ensure that a proper follow-up would take place. The immediate jeopardy was abated 4:10 PM on 6/24/09. Prior to 6/26/09, none of the abatement procedures were in place. It was difficult to track why Resident #5's outside recommendations were not followed. If the facility's physician or physician's assistant did not agree with the outside physicians' recommendation or chose not to pursue the plan for whatever reason, there was a failure on the part of the facility's medical staff to document justifications. There was a failure of the facility's nursing staff to follow-up on the lack	Z310		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	NVN556S	A. BUILDING _____ B. WING _____	06/26/2009

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
HEARTHSTONE OF NORTHERN NEVADA	1950 BARING BLVD SPARKS, NV 89434

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
Z310	Continued From page 8 of response to recommendations for the resident and document their findings. An interview with the Medical Director at 11:30 AM on 6/26/09, revealed there was no set practice to inform consultants that their recommendations were not going to be acted on or the rationale why not. The Medical Director acknowledged that residents were sent to consultants for recommendations, but that if he or other primary physicians felt the recommendations were not advised, they would not follow them. He also acknowledged that the consulting physician would not be contacted regarding the primary physician's decision. He did acknowledge that the primary physician should document the rationale why the recommendations were not followed. Regarding Resident #5, the Medical Director confirmed he was her primary physician. He confirmed that he signed the recommendations of the consultant, to acknowledge that he had seen them, but he did not document any information why he was not going to follow the recommendations. The Medical Director stated, "I dropped the ball on (Resident #5). I should have written why I wasn't going to follow the recommendation. I shouldn't have sent her to the consultant." 2. An interview on 6/22/09, with the Director of Nursing (DON) and the Administrator confirmed the facility instituted a change in condition form to be completed by the charge nurses of each wing, each shift. This became effective 5/22/09. This form was to enable residents who were having changes in condition to be identified and	Z310		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	NVN556S	A. BUILDING _____ B. WING _____	06/26/2009

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
HEARTHSTONE OF NORTHERN NEVADA	1950 BARING BLVD SPARKS, NV 89434

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
Z310	Continued From page 9 monitored. Infections, elevated temperatures, injuries, and weight loss, were examples of what could be a change in condition. Resident #9 Resident #9 was an 80 year old female, admitted to the agency on 6/10/09, following an acute care hospitalization for endocarditis. Her other diagnoses included lymphoma of the colon, lung, and received resection of these tumors and radiation approximately two years ago. The history and physical from the hospital also related a recent two week history of extreme fatigue and nausea, and lack of appetite because of resulting vomiting. Resident #9's weight on admission was 106. The weight record revealed a loss of approximately one pound a day until 6/17/09, when Resident #9 weighed 100 pounds. The nutritional assessment performed by the dietician on 6/11/09, identified that Resident #9's ideal body weight should be approximately 135 pounds which was her stated weight six months ago. The dietician recognized Resident #9 complained of gum pain with her dentures, but did not want any change in consistency for her diet to assist in chewing. There was no further evidence that Resident #9 was monitored for continuing weight loss or other interventions initiated. On 6/22/09, the DON confirmed the weight committee identified Resident #9's ongoing weight loss and the recommendations were written and given to the charge nurse of that wing. The DON also confirmed the various committees did not add their recommendations to the care plans themselves. The	Z310		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	NVN556S	A. BUILDING _____ B. WING _____	06/26/2009

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
HEARTHSTONE OF NORTHERN NEVADA	1950 BARING BLVD SPARKS, NV 89434

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
Z310	Continued From page 10 recommendations were given to various charge nurses. An interview with Employee #11 confirmed the various committees left recommendations with the various charge nurses, but the charge nurses often did not have the time to enter the recommendations into the plan of care. The care plan revealed no added recommendations. The change in condition for June revealed no mention of Resident #9's weight loss. There was no evidence the physician was aware of the weight loss. Resident #8 Resident #8 was a 62 year old female who was admitted to the facility on 4/29/09, following an acute care hospitalization 3/19/09-4/28/09. Her admitting diagnoses included osteomyelitis, diabetes, chronic obstructive pulmonary disease. A discharge summary from the hospital dated 4/28/09, indicated Patient #8 had a non-healing polymicrobial wound on her left heel containing the following Methicillin resistant staph (MRSA), enterococcus, coagulase negative staph and diphtheroids. A dietary assessment on 5/28/09 revealed Resident #8's weight loss was unavoidable due to sarcopenia (a degenerative loss of skeletal muscle mass and strength), increased tumor necrosis factor, leukotriesis (inflammatory response of the body), chronic osteomyelitis, and not responding to treatment. Review of the care plans, wound assessment sheets and nursing notes revealed that Resident #8 had refused meals and that her wounds were	Z310		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	NVN556S	A. BUILDING _____ B. WING _____	06/26/2009

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
HEARTHSTONE OF NORTHERN NEVADA	1950 BARING BLVD SPARKS, NV 89434

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
Z310	Continued From page 11 deteriorating. The physician was aware and had written orders for full liquid diet and force fluids. Nurse's notes revealed that the wound care had been changed (acetic acid and dry dressing to the left heel; coccyx wound changed to packing the wound with "fluffs" to accommodate the increased dressing). There was no documentation in the change in condition reports that the changes had occurred. There was no evidence in the change in condition reports that interventions were instituted, such as, increasing fluids, pain control, comfort measures or their effectiveness, or that the wound on the coccyx became a stage four and continued to decline in condition. There was no consistent documentation of Resident #8's progressive decline. Resident #8 was transferred to an acute care facility on 6/22/09, due to her deteriorated condition. Resident #23 Resident #23 was admitted to the facility on 6/9/09, following a fall and requiring surgical repair of her left lower leg (tibia) and placement of an external fixator to secure the surgical repair. She was confined to a wheelchair and was ordered non-weight bearing on the left leg. Resident #23 had approximately six insertion sites to her left leg where the external fixator was secured through the skin to the bone. On 6/17/09, the physician documented Resident #23 expressed concern that her left foot might be infected. Lab work was ordered to rule out infection. This was done 6/10/09, but was not documented on the change in condition report. On 6/23/09, the physician ordered an oral	Z310		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	NVN556S	A. BUILDING _____ B. WING _____	06/26/2009

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
HEARTHSTONE OF NORTHERN NEVADA	1950 BARING BLVD SPARKS, NV 89434

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
Z310	Continued From page 12 antibiotic for erythema and Ibuprofen for significant pain of the left foot. The change in condition sheet identified Keflex was ordered for left foot infection but did not address the pain. The change in condition forms dated 6/23-25/09, revealed the "left foot infection" had been changed to "wound infection." An interview with two licensed staff members, Employee #13 and #14, both acknowledged that they thought the antibiotics were for the left leg external fixator pin sites, not a possible infection of the left foot. They both confirmed there was no documentation in the clinical record to demonstrate either the pin sites or the left foot were being monitored every shift for pain or signs of infection. On 6/23/09 Resident #23, with Employee #13 present, expressed concern to the primary physician because her left foot at the heel was extremely painful and the foot/heel area was red. Employee #13 acknowledged he had not been aware of these symptoms, and thought the suspected infection was at the pin sites. Severity 4 Scope 1	Z310		
Z401 SS=D	NAC 449.74523 Social Services 2. The social services provided must: (a) Identify and meet the social and emotional needs of each patient in the facility. (b) Assist each patient and the members of his family in adjusting to the effects of the patient;s illness or disability, to his treatment and to his stay in the facility. (c) Include adequate planning upon the patient's discharge from the facility to ensure that appropriate community and health resources are	Z401		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	NVN556S	A. BUILDING _____ B. WING _____	06/26/2009

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
HEARTHSTONE OF NORTHERN NEVADA	1950 BARING BLVD SPARKS, NV 89434

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
Z401	Continued From page 13 used. This Regulation is not met as evidenced by: Based on interview and record review the facility failed to identify social services needs in order to assist in making health care decisions for 1 of 24 residents. (Resident #8) Findings include: Resident #8 was admitted to the facility on 4/29/09 with diagnoses including two stage II pressure ulcers (one on the heel and one on the coccyx) and diabetes mellitus. The resident was transferred to an acute care facility after she had developed a fever and change in mental status. Record review revealed the following documentation: An entry in the nurses' notes dated 5/19/09 at 10:00 AM, read "Physician here, new orders for no cardiopulmonary resuscitation and no hospitalization transfers. Re-connect with hospice for evaluation. Hospice nurse here to evaluate patient. Call to physician to let him know that the resident unable to sign needed consents due to her confusion." An entry in the nurses' notes dated 5/20/09 at 9:30 AM, read: "Resident seen by physician and was put on comfort and palliative care. Given morphine sulfate for pain and lorazepam for restlessness..." Record review revealed that the physician documented on 5/28/09 that the resident "declined hospice care though also declines to go to the hospital... able to make informed decisions at times and others not!" The physician documented on 6/8/09 "declines	Z401		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	NVN556S	A. BUILDING _____ B. WING _____	06/26/2009

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
HEARTHSTONE OF NORTHERN NEVADA	1950 BARING BLVD SPARKS, NV 89434

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
Z401	Continued From page 14 further work-up or treatment." An entry in the residents medical record made by the physician's nurse practitioner on 6/22/09, read " ...she wants to go to the emergency room." An entry made by nursing on 6/22/09 read: "resident was transferred to the acute care facility by ambulance ... Resident responds very little." In an interview, the social worker revealed that she had no knowledge about the resident's wishes related to comfort care or the order for no hospitalization. She reported that she had gone to the resident's room to ask her if she would be interested in having hospice take over her care. The social worker reported that Resident #8 had refused to have hospice care. She reported that the resident had been alert and oriented and capable of making her own decisions, so hospice care was never implemented. She reported that she had no further contact with the resident after 6/1/09 when she discussed the resident potentially moving to another room. She reported that she never made any effort to assist the resident with guardianship or to make decisions about healthcare. The director of nurses was interviewed and reported that Resident #8 had been on palliative care only due to her condition. She reported that the physician had written an order that the resident was not to be transferred to the hospital. She reported that the physician's assistant "got scared when she saw the resident was looking so ill, so she sent her to the hospital." No evidence was found that the social worker was involved with assisting the resident with	Z401		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	NVN556S	A. BUILDING _____ B. WING _____	06/26/2009

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
HEARTHSTONE OF NORTHERN NEVADA	1950 BARING BLVD SPARKS, NV 89434

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
Z401	Continued From page 15 decision making issues. An interview with the physician revealed that Resident #8 had no one to assist the resident in decision making. He reported that the resident had no family or friends to assist her. He reported that the resident was capable of making decisions at times, but that she often made bad choices. He reported that he did not think that the resident had any family or friends to assist her. An interview with an acute care facility revealed that Resident #8 had a son and that he had spoken with him about his mother's condition. Severity 2 Scope 1	Z401		